

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55	1					
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63	1					
14	1						64	1					
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19	1						69						
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36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47	1						97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		1					TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	59					
TOTAL CLAIMS							TOTAL CLAIMS	67					